

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

United States of America, et al.,  
Plaintiff(s),

v.

Case No. 1:02cv0107  
(Spiegel, J.; Hogan, M.J.)

Board of Hamilton County  
Commissioners, et al.,  
Defendant(s).

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SCHEDULING ORDER RE: Water in Basement Program

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This matter has been set for a Hearing regarding Request for Review of Water-in-Basement claim related to requestors:

Victoria Patman and Mario Harris (Doc.240)  
Michael D. Darris (Doc.241)

The hearing will be held Thursday, June 26, 2008 at 10:00 am before U.S. Magistrate Judge Timothy S. Hogan in Courtroom 701, U.S. Courthouse Building, 100 E. Fifth Street, Cincinnati, Ohio 45202. (513)564-7650.

IT SO ORDERED.

6/2/2008  
Date

awh June 2, 2008

s/Timothy S. Hogan  
TIMOTHY S. HOGAN  
U.S. Magistrate Judge

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Michael D. Harris 6730 North Clippinger Dr. Cinti, OH 45243</b>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7007 1490 0001 0562 6837</b>	
PS Form 3811, August 2001		Domestic Return Receipt 102595-01-M-2509	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Victoria Patman Mario Harris 1252 Ross Ave Cincinnati, OH 45205</b>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7007 1490 0001 0562 6844</b>	
PS Form 3811, August 2001		Domestic Return Receipt 102595-01-M-2509	

1:02cv107

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